

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10799

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 5025 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Washington Twp.</u>	c. LENGTH OF STAY (In this place) <u>0-2-24</u>	d. CITY OR TOWN <u>Carthage</u>	<input type="checkbox"/> Resident within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>		e. STREET ADDRESS (If rural, give location) <u>Route # 4</u> <u>04901</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>	b. (Middle) <u>-</u>	c. (Last) <u>Miller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-55</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-29-1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>	IF UNDER 10 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Houston</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Laura Miller</u> ADDRESS <u>Carthage, Mo. R. # 4</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year +</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 12-21-, 1954, to 3-15-, 1955, that I last saw the deceased alive on 3-15-, 1955, and that death occurred at 6:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.R. Birch M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital # 3</u>	23c. DATE SIGNED <u>3-15-55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-18-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fullerton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-19-55</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> <u>451</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. ...</u> ADDRESS <u>Carthage, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William S. Carter*.....

Licensed Embalmer No. *48*.....

P. O. Address *Parth...*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**